

Student Information (Please Print)

| | | | |
|---|----------------------|----------------|---|
| Student's Last Name | Student's First Name | Student's M.I. | Student's CPCC Student ID# |
| Student's Street Address (include apt. no.) | | | Student's CPCC Email Address |
| City | State | Zip Code | Student's Telephone # (include area code) |

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

On your FAFSA, you indicated you or your spouse received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits during the last two years. As part of the verification process, you may be asked to provide documentation of receipt of these benefits. Please check one of the boxes below:

- No one in our household received Food Stamps, Food & Nutrition Services or Supplemental Nutrition Assistance (SNAP) benefits during the last two years.
- I certify that _____, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during the last two years. Note: SNAP may be known by another name in some states.

Which year or years were the benefits received? Please select one: 2017, 2018, 2017 & 2018

The parents' household includes:

- Yourself (the student).
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1st of this year through June 30th of next year, or if the other children would be required to provide parental information if they were completing a FAFSA. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of their support from July 1st of this year through June 30th of next year.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we will require documentation from the agency that issued the SNAP benefits.

Certification and Signature

Please provide your signature. Since you are a dependent student, please also provide one parent's signature whose information is listed on your FAFSA. By providing these signatures, you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

| | |
|--------------------|-------|
| Student Signature: | Date: |
| Parent Signature: | Date: |